

STATE OF MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

P.O. Box 480, Jefferson City, Missouri 65102-0480 Phone: (573) 751-3500 Fax: (573) 526-4261

Postsecondary Career Education Program Approval Request

WHEN SUBMITTING A CAREER EDUCATION PROGRAM APPROVAL REQUEST TO THE DEPARTMENT OF HIGHER EDUCATION, PLEASE RETURN THIS COMPLETED FORM TO THE COORDINATOR OF CAREER EDUCATION AT THE ABOVE ADDRESS

OCONDITATION OF CARCELL EDGOATION AT THE ADOVE ADDITECT		
TO BE COM	MPLETED BY INSTITUTION lame:	County District Code:
Career Education Program Title:		
Degree/Certificate:		
Optic	ons:	
Proposed CIP Code:		
Implementation Date:		
Date Proposal Submitted to DHE:		
College Website for Course Listing:		
List all CTE courses that are part of this program.		
FOR DESE USE ONLY		
	Approved by Coordinating Board	Date:
	Approved by DESE	Date:
	Entered into Division Program Directory	Date: